


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90173 040 ****61.25

DOCUMENT # N99000007659					
1. Entity Name SHERWOOD IV, INC.					
Principal Place of Business ROBIN HOOD CIRCLE NAPLES, FL 34104			Mailing Address 745 12TH AVENUE SOUTH SUITE AA NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0991710	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOORE PROPERTY MANAGMENT 745 12TH AVENUE, SUITE AA NAPLES, FL 34102			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, NANCY 440 ROBIN HOOD CIRCLE, #102 NAPLES, FL 34104		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
SD METRICK, FLORA 480 ROBIN HOOD CIRCLE, #202 NAPLES, FL 34104		<input type="checkbox"/> Delete		PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
VD KOPEN, MARLYS 420 ROBIN HOOD CIRCLE #101 NAPLES, FL 34104		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TD MR., GORGOGNONE 501 ROBIN HOOD CIRCLE #202 NAPLES, FL 34104		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		TD B. J. JONES 480 Robin Hood Circle #202 NAPLES, FL 34104			
<input type="checkbox"/> Delete		D ROBERT VERNON 470 Robin Hood Circle #101 NAPLES, FL 34104			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			4.28 UL		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		